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STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

State File No. 288  
Registrar's No. 2079  
(St. & No. (or) Name of Institution)

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (c) Location Maricopa County Hospital  
(If outside city limits also write RURAL)  
(d) Length of Stay: In Hospital or Institution One week; In Community 40 years; In Arizona 40 years  
(Specify whether years, months or days)  
2. Usual Residence of Deceased: (a) State Arizona; (b) County Maricopa; (c) City or Town Phoenix  
(If outside city limits also write RURAL)  
(d) Street No. unk.; (e) Citizen of foreign country (Yes or No) unk.  
(f) If Yes, which country? none (c) Social Security No. none  
3. (a) FULL NAME Margaret Farish (b) If Veteran name war none

4. Sex Female 5. Race White ☒ Indian ☐ Negro ☐ Oriental ☐ 6. (a) Single, married, widowed or divorced widowed  
6. (b) Name of husband or wife Thomas E. Farish 6. (c) Age of husband or wife, if alive unk. yrs.

7. Birthdate of deceased unknown, 1862-1876  
(Month) (Day) (Year)  
8. AGE: Years 86 Months unknown Days unk. If less than one day hrs. min.

9. Birthplace Scotland  
(City, town or county) (State or Country)

10. Usual Occupation none

11. Industry or Business none

12. Name unknown  
13. Birthplace unknown  
(City, town or county) (State or Country)

14. Maiden Name unknown  
15. Birthplace unknown  
(City, town or county) (State or Country)

16. (a) Informant's own signature Hospital records  
(b) Address County Hosp, Phoenix, Ariz.

17. (a) Burial, Cremation or Removal Cremation  
(b) Place Greenwood-Phx (c) Date Dec 4 19 46

18. (a) Embalmer's Signature Stanley Clegg  
(b) Funeral Director A L Moore & Sons  
(c) Address 333 W Adams, Phoenix, Ariz.

19. (a) DEC 4 1946  
(Date received Local Registrar)  
(b) George D. Enfield  
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) November 26, 1946  
TIME (Hour and minute) 5:30 A.M.

21. I hereby certify that I attended the deceased from November 19, 1946 to November 26, 1946,  
that I last saw her alive on November 25, 1946,  
and that death occurred on the date and hour stated above.

Immediate cause of death Gangrene of Rt. Foot and Leg  
Due to Arterio sclerosis

Due to Old Fracture Left Hip - Severe Deformation  
Other conditions Old Fracture Left Hip - Severe Deformation  
(Include pregnancy within three months of death)

Major findings:  
Of operations none  
Of autopsy none

DURATION

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide or homicide (specify) none  
(b) Date of occurrence Nov 26, 1946  
(c) Where did injury occur? (City or Town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? no (b) Means of injury none  
23. Signature George D. Enfield M. D.  
Address Phoenix, Arizona Date signed Nov. 27, 1946